

Talking With Your Children Effectively

As soon as your child begins to talk, the questions come: "Why is the grass green?" "What's wrong with that man sitting in the park?" If you show your child that you're ready to give answers at any time, even if the topics make you uncomfortable, you'll forge a trusting relationship, and your child will feel comfortable coming to you with concerns because she knows you take her seriously.

Being a good listener also gives you insight into your child's world. Your child will tell you about the sights and sounds that influence him every day — he's the expert about fashion, music, TV, and movies that people his age follow. Ask him what music groups are popular and what their songs are about, what his friends like to do after school, what's cool and what's not and why. Encourage him with phrases such as "That's interesting" or "I didn't know that," and by asking follow-up questions.

In these conversations, you can steer the talk to drugs and why they're harmful. If you can ingrain this information in your children well before they are faced with making difficult choices, experts say they'll be more likely to avoid rather than use. In fact, teenagers who say they've learned a lot about the risks of drugs from their parents are much less likely to try marijuana than those who say they learned nothing from them. You needn't fear that by introducing the topic of drugs, you're "putting ideas" into your children's heads, any more than talking about traffic safety might make them want to jump in front of a car. You're letting them know about potential dangers in their environment so that when they're confronted with them, they'll know what to do.

To introduce the topic, ask your child what he's learned about drugs in school and what he thinks of them. He may even mention people who might be using them. If you hear something you don't like (perhaps a friend smokes marijuana or your child confesses to trying beer at a party), it is important not to react in any way that cuts off further discussion. If he seems defensive or assures you that he doesn't know anyone who uses drugs, ask him why he thinks people use them. Discuss whether the risks are worth what people may get out of using them and whether he thinks it would be worth it to take the risks. Even without addiction, experimentation is too great a gamble. One bad experience, such as being high and misjudging how long it takes to cross a busy street, can change — or end — a life forever. If something interrupts your conversation, pick it up the next chance you get.

Teachable moments

Another way to talk about drugs is to take advantage of everyday "teachable moments":

- If you and your child are walking down the street and you see a group of teenagers drinking and hanging out, talk about the negative effects of drinking alcohol.
- Newspapers are full of the consequences of alcohol and drug abuse. Take your examples right off the front page. Ask your child if she heard about the mother who used drugs and was arrested. Who will take care of her baby now? Did she make a good decision when she used



drugs?

- Watch TV with your children, and ask them what they think. Do the programs and advertising make drug use look acceptable and routine, or do they show its downside? When you see a news item involving drug use, point out the story's full implications to families and all of society: Drug addiction can cause or aggravate many tragedies involving child neglect and abuse, family violence and rape, HIV transmission, teenage suicide, and teenage pregnancy.
- Whenever you see an anti-drug commercial on TV, use it as an opening to talk with your children about drugs. Ask them what they think about the commercial. The White House Office of National Drug Control Policy, in conjunction with the Partnership for a Drug-Free America, has embarked upon an unprecedented national anti-drug media campaign that will provide many opportunities to discuss drugs with your children.

The Role of Parents in Preventing and Addressing Underage Drinking



During adolescence, young people begin to take risks and test limits. They do so because they are moving from a family-centered world to the larger community, within which they will begin to define their own identity. It is also during this time that parents have an especially important role in preventing and addressing underage drinking.

PARENTING SKILLS

- Parents who communicated and were involved with their children at ages 10 and 11, set clear expectations for their children's behavior, practiced good supervision and consistent discipline, and minimized conflict in the family had children who, at ages 11 and 12, were more likely to see alcohol use as harmful and less likely to initiate alcohol use early. They were also less likely to misuse alcohol at ages 17 to 18.¹
- Lack of parental support, monitoring, and communication and lack of feeling close to their parents have been significantly related to frequency of drinking, heavy drinking, and drunkenness among adolescents.² Harsh, inconsistent discipline and hostility or rejection toward children have

also been found to significantly predict adolescent drinking and alcohol-related problems.³

- Some research suggests that poor parenting practices are associated with early childhood deficits in social skills and self-regulation, particularly with regard to aggressive behavior, which result in early minor delinquency and rejection from mainstream peer groups. Children who feel rejected then affiliate with deviant peers; in turn, participation in deviant peer networks increases the risk for drinking and other forms of substance use.⁴

SOCIAL INFLUENCES

- Family and peers can influence drinking behavior actively, by explicitly discouraging alcohol use, or passively, by providing models of drinking behavior.⁵
- A Columbia University study reports that adolescents whose fathers have more than two drinks a day have a 71 percent greater risk of substance abuse.⁶
- As adolescents develop, drinking behavior becomes less influenced by parents and more influenced by peers.⁷
- Perceptions of how much peers drink may exert a stronger influence on an individual's drinking behavior than the actual level of peer drinking.⁸
- Parents can exert a moderating influence on the drinking behavior of their adolescent children by actively monitoring their alcohol use.⁹
- Studies have shown that a positive relationship between parents and adolescents can serve as a protective factor, offsetting the risk of alcohol use associated with peer alcohol use.¹⁰

SOME PROTECTIVE FACTORS AGAINST ADOLESCENT ALCOHOL USE¹⁷

- Strong bonds with the family
- Parental monitoring with clear rules of conduct within the family unit and involvement of parents in the lives of their children
- Success in school performance
- Strong bonds with pro-social institutions such as the family, school, and religious organizations
- Adoption of conventional norms about alcohol and drug use

Family Structures

- Among youth, ages 12 to 17, the highest risk of alcohol dependence is found among boys and among white non-Hispanic youth living with no other parent figure other than their father.¹¹
- Older siblings' alcohol use can influence the alcohol use of younger siblings in the family, particularly for same sex siblings.¹²
- An estimated 11 million children under the age of 18 live in households with at least one alcohol parent.¹³

PARENTAL ATTITUDES AND BEHAVIORS TOWARD DRINKING

- Parents' drinking behavior and favorable attitudes about drinking have been positively associated with adolescents' initiating and continuing drinking.¹⁴
- Children of drinking parents were less likely to see drinking as harmful and more likely to start drinking earlier. Both these attitudes and behaviors, in turn, predicted greater alcohol misuse at age 17 to 18.¹⁵
- Children of drinking parents are more likely to associate with peers who have tried alcohol at ages 10 to 11, which increases the risk for alcohol use and misuse by the child.¹⁶

DID YOU KNOW?

There were an estimated 28.6 million children of alcoholics in the United States in 1991; nearly 11 million of them were under age 18. Of these, almost 3 million will develop alcohol abuse or dependence disorders, other drug problems, and/or other serious coping problems.¹⁸ Children of Alcoholics: · Are at high risk for developing alcohol and other drug problems.

- Often live with pervasive tension and stress.
- Have higher levels of anxiety and depression.
- May do poorly in school or may be an overachiever.
- May experience problems with coping.¹⁹
- Strong bonds with pro-social institutions such as the family, school, and religious organizations
- Adoption of conventional norms about alcohol and drug use

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What are the signs of drug use in an adolescent?

In the normal course of adolescence, kids often exhibit signs that would give any rational adult pause. However, the presence and intensity of a cluster of disturbing signs should be followed up with.

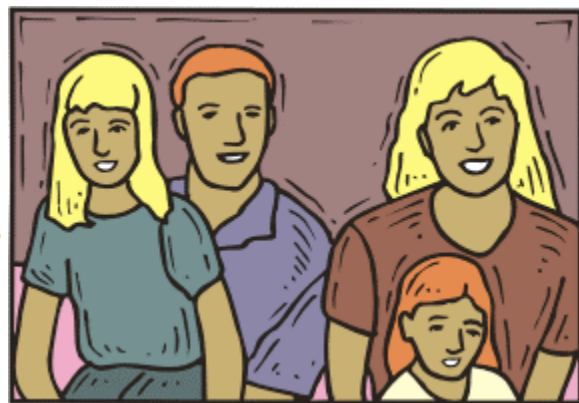
First, rule out any physical illness with a trip to the doctor. Ask the doctor to evaluate for depression or other emotional causes as well. If there's a clean bill of health and the symptoms are still present, follow your instincts and locate a professional (psychiatrist, psychologist or counselor) with experience in adolescent drug use.

Signs and Symptoms Common to Adolescents Who are Using Drugs

- Withdrawn, depressed, tired, or neglecting personal grooming
- Hostile, uncooperative and frequently breaks curfew
- Suffering deteriorating relationships with family members
- Hanging out with a new group of friends and unwilling to introduce them
- Skipping school and experiencing dropping grades
- Losing interest in hobbies, sports and other favorite activities
- Exhibiting changes in sleeping patterns (ie. Awake at night, asleep during the day)
- Having a hard time concentrating
- Exhibiting red eyes or runny nose without evidence of allergies or a cold
- Responsible for taking household money without permission
- The possible source of any of the following items in the home: pipes, rolling papers, small medicine bottles, eye drops, butane lighters, baby pacifiers, unidentified pills, incense, drug-related books, comics, magazines, locked boxes or containers



Questions Children Frequently Ask About Drugs



Q. Why would people want to put bad things into their bodies?

A. One answer might be that they might not realize how dangerous the bad things are; another is that they are not taking care of themselves. Sometimes people start

using a drug just to see what it feels like, but it can turn into an addiction (like cigarettes) and it's very hard to stop.

Q. Why are some drugs good for you and some drugs wrong for you to take?

A. You can discuss how drugs are powerful chemicals that change the way you feel. Doctors prescribe medicine to make sick people better — these are "good" drugs. "Bad" drugs are ones that aren't given by doctors and don't make you better; in fact, they can harm your body. That is why it is wrong to take these "bad" drugs.

Q. Why can't I taste that "grown-up" drink?

A. A small amount of alcohol has a much greater negative effect on a child's body than on an adult's; even a small amount can sicken a child.

Q. Did you smoke marijuana when you were young?

A. Don't give your child more information than necessary. If the answer is "yes," give the reasons why you feel you made a mistake; for instance, it made you feel out of control, you missed schoolwork, messed up in sports, let down your friends or lost touch with them. Also explain that more is known about the harmful effects of marijuana and other drugs now.

Helping Your Child Say "NO" To Drugs



No matter where children grow up or who their friends are, nearly all of them are confronted at some time or another by friends with bad ideas — ways of testing limits, getting in trouble, and doing things they'll regret later. It's not so hard saying "No thanks, I have to go now" to a stranger. But it's a lot tougher when a child's friend — especially one whose approval means a lot to him — tries to get him to do something he knows is wrong.

Even "good kids" occasionally pester their friends into skipping a class or lying about why they were out together so late. But if friends or acquaintances entice your children to try tobacco, alcohol, or drugs, the consequences can be more serious. The best way to prepare children to succeed in these encounters is to "role play" — practice similar scenarios in advance. With the right words at the tip of their tongue, children can assert their independence while making it clear that they're rejecting their friends' choices and not the friends themselves.

You need to have these practice sessions before your child finds herself in any new situation. If your child hasn't asked you what she should do in such situations, find the time to bring it up yourself. Stress that you're working together on a skill that comes in handy whenever someone doesn't want to take "no" for an answer.

You might, for instance, take the role of a boy she likes and try to persuade her to share a six-pack of beer with you. What can she say? "You're such a jerk!" is alienating. "I don't know..." leaves the door open and sounds like she could be

coaxed. The middle ground, in which she's firm but friendly, works best. Help her rehearse key phrases that give reasons for why she simply won't have a beer:

- "My parents would kill me if they found out, and they always find out!"
- "No, I'm not into that stuff."
- "I tried it once, and I hate the taste."
- "My parents trust me to not drink, and I don't want to break that trust."

Or she could state the consequences of drinking:

- "I tried it once and ended up vomiting on everything!"
- "Drinking would make me feel out of control, and I hate that."

She'll need to be prepared for protests. She can meet them with the "broken record" technique, in which she repeats her reason for not drinking over and over until attempts at persuading her cease. Or she can make it clear that the discussion about beer is over by changing the subject: "Did you watch the basketball game last night?" or "Hey, do you know if that concert's sold out?"

If all else fails, she should leave the scene, saying, "I've got to go."

Helping Your Child Keep The Right Stuff Going When Entering Middle School



This year is both an exciting and challenging time for children. They're little fish in a big pond and desperately want to fit in. Because your children may now see older students using alcohol, tobacco, and other drugs and may think they are cool and self-assured, your children may be tempted to try drugs, too. Drug use goes up dramatically in the first year of middle school or junior high.

No matter where you live, your children will be exposed to all kinds of drugs from now on, so you need to be familiar with all the information about drugs that they may be receiving. The names of drugs and methods of manufacture and ingestion change constantly, so try to keep your knowledge of drugs, paraphernalia, and slang up to date.

At this time when peer approval means everything, your children may make you feel unwelcome. But while your children are pulling away from you to establish their own identities or may seem to be embarrassed by you, they need you to be involved in their lives more than ever before.

To help your children make good choices during this critical phase, you should:

- Make sure they're well-versed in the reasons to avoid alcohol, tobacco, and drugs;
- Get to know their friends by taking them to and from after-school activities, games, the library, and movies (while being sensitive to their need to feel independent);
- Volunteer for activities where you can observe your child at school;
- Get acquainted with the parents of your children's friends and learn about their children's interests and habits. If it seems that your child is attracted to those with bad habits, reiterate why drug use is unacceptable.

How Grandparents Can Help Raise Children With "The Right Stuff"



Grandparents play a special part in a child's life and, unlike parents, grandparents have had years to prepare for their role. They've been through the ups and downs of child-rearing and bring a calmer, more seasoned approach to their interactions with their grandchildren. They, as well as other extended family members, can serve as stable, mature role models, especially if they need to step in to assume some of the responsibilities of the child's parents.

These important elders have one advantage over parents: Their relationships with their grandchildren are less complicated, less judgmental, and less tied to day-to-day stresses. Grandparents can use their positions of trust and intimacy to reinforce the same lessons in self-respect and healthy living that children are learning from their parents. When grandparents show concern with questions like "Has anyone ever tried to sell you drugs?" or "Why are your eyes so red?" they may be more likely to hear honest answers — especially if they indicate that they are willing to listen in confidence, and will not be quick to judge or punish. Their grandchildren may be less defensive and more likely to listen closely to their advice about avoiding drugs. Grandparents can also help reinforce positive messages and praise their grandchildren when they do well.

Underage Drinking: Myth and Fact

There are many misconceptions concerning adolescents and alcohol use. These issues confuse not only young people, but their parents and other responsible adults. Following are some common myths and realities about teenage drinking.

Myths & Facts

Myth: All teenagers will drink at some point, no matter how hard we try to stop them.

Fact: Although underage drinking is a serious problem, 81 percent of adolescents ages 12 to 17 have chosen not to drink in the past year.

Myth: My son or daughter knows everything about drinking, so we don't need to talk about it.

Fact: Many teenagers have dangerous misconceptions about alcohol--for example, they don't realize that wine coolers have the same alcohol content as a shot of distilled spirits, or they think they can sober up by drinking coffee or getting fresh air.²

Myth: What parents say or do won't make any difference; teenagers only listen to their friends.

Fact: Parents can be very influential. A study of adolescents and their families conducted by the Research Institute on Addictions revealed that both adolescent girls and adolescent boys whose parents supervise their friendships and activities are less likely to engage in problem behaviors, including drinking, and that this was true regardless of race or income level.³

Myth: He only drinks beer. It's a phase--he'll get over it, just like I did.

Fact: Adolescents who begin drinking before age 15 or younger are four times more likely to develop problems with alcohol use and dependence than those who begin drinking at age 21 or older.⁴ Many engage in binge drinking, which is drinking five or more drinks on one occasion.⁵ Some people mistakenly believe that beer and wine are light in alcohol content; in fact, they have the same alcohol content.

What is a Drink?

A standard drink is 12 grams of alcohol, which is equal to:

- One 12-ounce bottle of beer
- One 12-ounce wine cooler
- One 5-ounce glass of wine
- 1.5 ounces of 80-proof distilled spirits.⁶

Myth: A person will not do anything when intoxicated that he or she would not do sober.

Fact: Alcohol is a depressant. What alcohol depresses are inhibitions which allow us to do things we would not do if sober. As the inhibitory processes are depressed by alcohol, the effect on the brain can cause a personality change and cloud judgment. As few as two drinks can impair coordination and thinking.⁷

Myth: It's okay for young people to drink, just as long as they don't drive. The worst that can happen is they'll wake up with a terrible hangover.

Fact: Wrong. The worse thing that can happen is that they won't wake up at all. A person can drink enough to kill him or herself in a couple of hours by drinking a large amount of alcohol quickly. When the blood alcohol content reaches a certain concentration, heart rate and respiration can shut down. Drinking also increases the risk of injury from car crashes, falls, burns, drowning, and suicide, as well as the chance that a young person will commit a crime or become a victim of crime.^{8, 9}

Myth: She's a big girl. She can handle her liquor.

Fact: Size alone does not determine how alcohol affects females; gender-based physiology plays an important role. Females become more intoxicated than males after drinking the same amount of alcohol, even when differences in body weight are taken into account. This is because female bodies have proportionately less water than male bodies. Because alcohol mixes with body water, a given amount of alcohol becomes more highly concentrated in a female body than in a male body.¹⁰

Myth: One drink does not affect driving.

Fact: Youthful age has been cited as one of the most important variables related to crash risk. Young drivers are inexperienced not only in driving but in drinking and in combining the two activities. According to one study, each 0.02-percent increase in blood alcohol content (BAC) above 0.00 percent places 16- to 20-year-old drivers at greater risk for a crash than older drivers. Roadside surveys indicate that young people are less likely than adults to drive after drinking; however, especially at low and moderate BAC's, their crash rates are substantially higher than those of other groups.¹¹

Myth: We've been through this before. Treatment does not work with her.

Fact: Treatment can be seen as taking place on a continuum starting with outreach, screening, and assessment to identify youths who are at risk or who already engage in substance use. It continues through the stages of counseling and treatment to continuing care and support to reinforce abstinence. Coercive pressure to seek treatment is generally not conducive to the behavior change process. Treatment providers should be sensitive to motivational barriers to change at the outset of intervention.¹²

Myth: Alcohol is not such a big deal, compared with illicit drugs.

Fact: Alcohol is a factor in the three leading causes of deaths among 14- and 15-year-olds: unintentional injuries, homicides, and suicides.¹³

Myth: All college students drink.

Fact: Most college students overestimate the amount of alcohol that is consumed by their peers. Most college students drink moderately, and many don't drink at all. One survey showed that 1 in 5 college students (19 percent) abstained from using alcohol. ¹⁴

Myth: I don't have to worry about alcohol on college campuses because my child doesn't drink.

Fact: College men and women who do not drink or drink moderately are tremendously affected by other students who drink heavily. A recent survey showed that about two-thirds of students are affected by binge drinking by other students.¹⁵

Taking Aim at a Popular Myth

A campaign to help youth dispel the myth that “everyone is using drugs” and replace it with the reality that “there are many better things to do than drugs” was launched by the Center for Substance Abuse Prevention in September 1998. Known as the PAC or the Positive Activities campaign, this effort is aimed at raising awareness that opportunities to participate in positive skill-building activities with caring adults can reduce risky behaviors by young people, including alcohol use. For more information about PAC and other SAMHSA alcohol education and prevention programs, call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

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Teach Your Child About Drugs: Preschoolers



It may seem premature to talk about drugs with preschoolers, but the attitudes and habits that they form at this age have an important bearing on the decisions they will make when they're older. At this early age, they are eager to know and memorize rules, and they want your opinion on what's "bad" and what's "good." Although they are old enough to understand that smoking is bad for them, they're not ready to take in complex facts about alcohol, tobacco, and other drugs. Nevertheless, this is a good time to practice the decision-making and problem-solving skills that they will need to say "no" later on.

Here are some ways to help your preschool children make good decisions about what should and should not go into their bodies:

- Discuss why children need healthy food. Have your child name several favorite good foods and explain how these foods contribute to health and strength.
- Set aside regular times when you can give your son or daughter your full attention. Get on the floor and play with him; learn about her likes and dislikes; let him know that you love him; say that she's too wonderful and unique to do drugs. You'll build strong bonds of trust and affection that will make turning away from drugs easier in the years to come.
- Provide guidelines like playing fair, sharing toys, and telling the truth so children know what kind of behavior you expect from them.
- Encourage your child to follow instructions, and to ask questions if he does not understand the instructions.
- When your child becomes frustrated at play, use the opportunity to strengthen problem-solving skills. For example, if a tower of blocks keeps collapsing, work together to find possible solutions. Turning a bad situation into a success reinforces a child's self-confidence.
- Whenever possible, let your child choose what to wear. Even if the clothes don't quite match, you are reinforcing your child's ability to make decisions.
- Point out poisonous and harmful substances commonly found in homes, such as bleach, kitchen cleanser, and furniture polish, and read the products' warning labels out loud. Explain to your children that not all "bad" drugs have warnings on them, so they should only eat or smell food or a prescribed medicine that you, a grandparent, or a baby-sitter give them.
- Explain that prescription medications are drugs that can help the person for whom they are meant but that can harm anyone else — especially children, who must stay away from them.

Teach Your Child About Drugs: Kindergarten Through Third Grade (5 — 8 years old)

A child this age usually shows increasing interest in the world outside the family and home. Now is the time to begin to explain what alcohol, tobacco, and drugs are, that some people use them even though they are harmful, and the consequences of using them. Discuss how anything you put in your body that is not food can be extremely harmful. How drugs interfere with the way our bodies work and can make a person very sick or even cause them to die. (Most children of this age have had real-life experiences with a death of a relative or the relative of someone at school.) Explain the idea of addiction — that drug use can become a very bad habit that is hard to stop. Praise your children for taking good care of their bodies and avoiding things that might harm them.

By the time your children are in third grade, they should understand:

- how foods, poisons, medicines, and illegal drugs differ;
- how medicines prescribed by a doctor and administered by a responsible adult may help during illness but can be harmful if misused, so children need to stay away from any unknown substance or container;
- why adults may drink but children may not, even in small amounts — it's harmful to children's developing brains and bodies.

Teach Your Child About Drugs: Grades 4 Through 6 (9-11 years old)



Continue to take a strong stand about drugs. At this age, children can handle more sophisticated discussion about why people are attracted to drugs. You can use their curiosity about major traumatic events in people's lives (like a car accident or divorce) to discuss how drugs can cause these events. Children this age also love to learn facts, especially strange ones, and they want to know how things work. This age group can be fascinated by how drugs affect a user's brain or body. Explain how anything taken in excess — whether it's cough medicine or aspirin — can be dangerous.

Friends — either a single best friend or a group of friends — are extremely important during this time, as is fitting in and being seen as "normal." When children enter middle or junior high school, they leave their smaller, more protective surroundings and join a much larger, less intimate crowd of preteens. These older children may expose your child to alcohol, tobacco, or drugs. Research shows that the earlier children begin using these substances, the more likely they are to experience serious problems. It is essential that your child's anti-drug attitudes be strong before entering middle school or junior high.

Before leaving elementary school, your children should know:

- the immediate effects of alcohol, tobacco, and drug use on different parts of the body, including risks of coma or fatal overdose;
- the long-term consequences — how and why drugs can be addicting and make users lose control of their lives;
- the reasons why drugs are especially dangerous for growing bodies;
- the problems that alcohol and other illegal drugs cause not only to the user, but the user's family and world.

Rehearse potential scenarios in which friends offer drugs. Have your children practice delivering an emphatic "That stuff is really bad for you!" Give them permission to use you as an excuse: "My mom will kill me if I drink a beer!" "Upsetting my parents" is one of the top reasons preteens give for why they won't use marijuana.

Teach your children to be aware of how drugs and alcohol are promoted. Discuss how advertising, song lyrics, movies, and TV shows bombard them with messages that using alcohol, tobacco, and other drugs is glamorous. Make sure that they are able to separate the myths of alcohol, tobacco, and other drug use from the realities, and praise them for thinking for themselves.

Get to know your children's friends, where they hang out, and what they like to do. Make friends with the parents of your children's friends so you can reinforce each others' efforts. You'll feel in closer touch with your child's daily life and be in a better position to recognize trouble spots. (A child whose friends are all using drugs is very likely to be using them, too.) Children this age really appreciate this attention and involvement. In fact, two-thirds of fourth-graders polled said that they wished their parents would talk more with them about drugs.

**Teach Your Child About
Drugs: Grades Seven Through
Nine
(12 — 14 years old)**



A common stereotype holds that teenagers are rebellious, are ruled by peer pressure, and court danger even to the point of self-destructiveness. Although teens do often seem unreceptive to their parents as they struggle to become independent, teens need parental support, involvement, and guidance more than ever.

Young teens can experience extreme and rapid shifts in their bodies, emotional lives, and relationships. Adolescence is often a confusing and stressful time, characterized by mood changes and deep insecurity, as teens struggle to figure out who they are and how to fit in while establishing their own identities. It's not surprising that this is the time when many young people try alcohol, tobacco, and other drugs for the first time.

Parents may not realize that their young teens feel surrounded by drug use. Nearly nine out of ten teens agree that "it seems like marijuana is everywhere these days." Teens are twice as likely to be using marijuana as parents believe they are, and teens are getting high in the places that parents think are safe havens, such as around school, at home, and at friends' houses.

Although teens may not show they appreciate it, parents profoundly shape the choices their children make about drugs. Take advantage of how much young people care about social image and appearance to point out the immediate, distasteful consequences of tobacco and marijuana use — for example, that smoking causes bad breath and stained teeth and makes clothes and hair smell. At the same time, you should discuss drugs' long-term effects:

- the lack of crucial social and emotional skills ordinarily learned during adolescence;
- the risk of lung cancer and emphysema from smoking;
- fatal or crippling car accidents and liver damage from heavy drinking;
- addiction, brain coma, and death

**Teach Your Child
About Drugs:
Grades Ten
Through Twelve
(15 — 17 years
old)**



Older teens have already had to make decisions many times about whether to try drugs or not. Today's teens are savvy about drug use, making distinctions not only among different drugs and their effects, but also among trial, occasional use, and

addiction. They witness many of their peers using drugs — some without obvious or immediate consequences, others whose drug use gets out of control.

To resist peer pressure, teens need more than a general message not to use drugs. It's now also appropriate to mention how alcohol, tobacco, and other drug consumption during pregnancy has been linked with birth defects in newborns. Teens need to be warned of the potentially deadly effects of combining drugs. They need to hear a parent's assertion that anyone can become a chronic user or an addict and that even non-addicted use can have serious permanent consequences.

Because most high school students are future oriented, they are more likely to listen to discussions of how drugs can ruin chances of getting into a good college, being accepted by the military, or being hired for certain jobs.

Teenagers tend to be idealistic and enjoy hearing about ways they can help make the world a better place. Tell your teens that drug use is not a victimless crime, and make sure they understand the effect that drug use has on our society. Appeal to your teen by pointing out how avoiding illegal drugs helps make your town a safer, better place, and how being drug-free leaves more energy to volunteer after school for tutoring or coaching younger kids — activities the community is counting on.

Your teenager may be aware of the debate over the legalization of marijuana and whether or not doctors should be able to prescribe it for medicinal purposes. The idea that there might be legitimate health advantages to an illegal drug is confusing. Now that your teenager is old enough to understand the complexities of this issue, it is important to discuss it at some point — perhaps during a teachable moment inspired by a news report. You may want to let your teen know that the ingredient in marijuana that has some medicinal value — delta-9-tetrahydrocannabinol (THC) — can already be prescribed by doctors in a pill form that doesn't contain the cancer-causing substances of smoked marijuana. Other medical painkillers include codeine and morphine, both of which have been determined safe for prescription use after rigorous testing and review by scientific medical organizations.

It is important that parents praise and encourage teens for all the things they do well and for the positive choices they make. When you are proud of your son or daughter, tell him or her. Knowing they are seen and appreciated by the adults in their lives is highly motivating and can shore up their commitments to avoid drug use. Your teen may also be impressed by the importance of serving as a good role model for a younger brother or sister.

Why You Shouldn't Allow Your Children To Smoke Marijuana

Some parents who saw marijuana being widely used in their youth have wondered, "Is marijuana really so bad for my child?" The answer is an emphatic "yes," and parents should familiarize themselves with these reasons:

- Marijuana is illegal.
- Marijuana now exists in forms that are stronger — with higher levels of THC, the psychoactive ingredient — than in the 1960s.
- Studies show that someone who smokes five joints a week may be taking in as many cancer-causing chemicals as someone who smokes a full pack of cigarettes every day.
- Hanging around users of marijuana often means being exposed not only to other drugs later on, but also to a lifestyle that can include trouble in school, engaging in sexual activity while young, unintended pregnancy, difficulties with the law, and other problems.
- Marijuana use can slow down reaction time and distort perceptions. This can interfere with athletic performance, decrease a sense of danger, and increase risk of injury.
- Regular marijuana users can lose the ability to concentrate that is needed to master important academic skills, and they can experience short-term memory loss. Habitual marijuana users tend to do worse in school and are much more likely to drop out altogether.
- Teens who rely on marijuana as a chemical crutch and refuse to face the challenges of growing up never learn the emotional, psychological, and social lessons of adolescence.
- The research is not complete on the effects of marijuana on the developing brain and body .

Building Social Skills



Help your child act appropriately in social situations. A basic course in general manners often helps here. And, again it's a matter of practicing. Young people want to be socially acceptable. And, if being socially acceptable means eating with a knife and fork instead of with one's hands, then that's what kids want to learn.

Practice in meeting and greeting people also is very helpful. Teaching young people some sentences that help them "break the ice" with others will help. Teaching children how to ask questions about others and to be good listeners also will help shape their social skills. Again, you can get lots of input from your child to help with

this important task. Ask them when they feel awkward. Tell them about a situation in which you felt awkward and see if they have ideas for dealing with the situation in the future. Let them know that social situations often are awkward at first and that they are not very easy for most people. Ask them about their experiences. Let them know that some people turn to alcohol and drugs to get them through awkward social moments, but then they don't get to practice this skill, and postponing it only makes it harder. Let them know that it's okay to feel awkward at times. We all do!

Offer the young person some exercises to make him or her feel more at ease and comfortable in social situations.

If he is going to a party or dance, have him set a goal of meeting two or three new people—no more than that. Goals should be kept within reach. Teach your child how to break the ice with people, e.g., by saying, "I've heard that you: just came back from a trip to.... like alternative music... etc." Encourage them to say what they think about or feel about these topics.

Have her go to a new place with a friend. No one needs to try to do everything alone. The key is to not just stay together the whole time. Each of them might try to meet one other person and come back later to share the stories about the interesting person each has met. (By the way, almost everyone is interesting in their own way. It's fun to see if we can find out about the very interesting part of each person we meet!)

If the child whom you care for happens to be very shy (or extremely aggressive) and you are having difficulty teaching them how to cope well socially, you may want to seek help. Social skills are very important for navigating through the stormy adolescent years.

What To Do If You Think Your Child Might Be Using Drugs

Since mood swings and unpredictable behavior are frequent occurrences for preteens and teenagers, parents may find it difficult to spot signs of alcohol and drug abuse. But if your child starts to exhibit one or more of these signs (which apply equally to sons and daughters), drug abuse may be at the heart of the problem:

- She's withdrawn, depressed, tired, and careless about personal grooming.
- He's hostile and uncooperative; he frequently breaks curfews.
- Her relationships with family members have deteriorated.
- He's hanging around with a new group of friends.
- Her grades have slipped, and her school attendance is irregular.
- He's lost interest in hobbies, sports, and other favorite activities.
- Her eating or sleeping patterns have changed; she's up at night and sleeps during the day.

- He has a hard time concentrating.
- Her eyes are red-rimmed and/or her nose is runny in the absence of a cold.
- Household money has been disappearing.

The presence of pipes, rolling papers, small medicine bottles, eye drops, or butane lighters in your home signal that your child may be using drugs. Other clues include homemade pipes and bongs (pipes that use water as a filter) made from soda cans or plastic beverage containers. If any of these indicators show up, parents should start discussing what steps to take so they can present a united front. They may also want to seek other family members' impressions.

Acting On Your Suspicions

If you suspect that your child is using drugs, you should voice your suspicions openly — avoiding direct accusations — when he or she is sober or straight and you're calm.

This may mean waiting until the next day if he comes home drunk from a party, or if her room reeks of marijuana. Ask about what's been going on — in school and out — and discuss how to avoid using drugs and alcohol in the future. If you encounter reluctance to talk, enlist the aid of your child's school assistance counselor (Ms. J Royley at BHS and Ms. J Waranis at BMS), family physician, or a local drug treatment referral and assessment center — they may get a better response. Also explore what could be going on in your child's emotional or social life that might prompt drug use.

Taking the time to discuss the problem openly without turning away is an important first step on the road to recovery. It shows that your child's well-being is crucial to you and that you still love him, although you hate what he's doing to himself. But you should also show your love by being firm and enforcing whatever discipline your family has agreed upon for violating house rules. You should go over ways to regain the family's trust such as calling in, spending evenings at home, and improving grades.

Even in the face of mounting evidence, parents often have a hard time acknowledging that their child has an alcohol, tobacco, or drug problem. Anger, resentment, guilt, and a sense of failure are all common reactions, but it is important to avoid self-blame. Drug abuse occurs in families of all economic and social backgrounds, in happy and unhappy homes alike. Most important is that the faster you act, the sooner your child can start to become well again.

Addiction

No one who begins to use drugs thinks he or she will become addicted. Addiction is a disease characterized by compulsive drug-seeking behavior regardless of the consequences. Research conducted by the National Institute on Drug Abuse clearly shows that virtually all drugs that are abused have a profound effect on the brain. Prolonged use of many drugs including cocaine, heroin, marijuana and amphetamines can change the brain in fundamental and long-lasting ways, resulting in drug craving and addiction.

If and when a drug abuser becomes addicted depends on the individual. Research shows that children who use alcohol and tobacco are more likely to use marijuana

than children who do not use these substances. Children who use marijuana are more likely to use other addictive drugs. Certain genetic, social, and environmental risk factors make it more likely that certain individuals will become addicted to alcohol, tobacco, and other drugs. These include:

- children of alcoholics who, according to several studies, may have inherited genes that make them more prone to addiction, and who may have had more stressful upbringings;
- sensation-seekers who may like the novelty of feeling drunk or high;
- children with psychological problems, such as conduct disorders, who self-medicate to feel better;
- children with learning disabilities, and others who find it difficult to fit in or become frustrated learning;
- children of poverty who lack access to opportunities to succeed and to resources when they're in trouble.

The more risk factors children have, the greater their vulnerability. And everyone has a different ability to tolerate drugs and alcohol — what if your child's tolerance is very low?

Regardless of how "cool" drugs may look, there is nothing glamorous about the reality of addiction, a miserable experience for the addict and everyone around him. Addiction causes an all-consuming craving for drugs, leading an otherwise responsible, caring person to destroy relationships, work, and family life.

Finding The Right Treatment

Certified drug and alcohol counselors work with families to find the program best suited to a child's needs. To find a good certified counselor you can consult your child's doctor, other parents whose children have been treated for drug abuse, the local hospital, a school social worker, the school district's substance abuse coordinator, or the county mental health society. You can also call the U. S. Dept. of Health and Human Services Center for Substance Abuse Treatment (800) 662-HELP for referrals. Counselors will discuss treatment options such as individual or group outpatient programs, prescription medication, and residential programs. Counselors may also have information on whether a particular treatment center will accept third-party, partial or no payment for services. (Some residential centers reserve a number of government-financed beds for patients who are unable to afford treatment.) Counselors may also be able to suggest support groups that can steer families to sources of funding such as local church programs.

Addiction is a treatable disease. The success of any treatment approach depends on a variety of factors such as the child's temperament and willingness to change, and the extent and frequency of use. Drug addiction is now understood to be a chronic, relapsing disease. It is not surprising, then, that parents may have to make a number of attempts at intervention before their child can remain drug-free, and they should not despair if their first try does not produce long-lasting results. Even if it is not apparent at the time, each step brings the child closer to being healthy.

Parent resources

ABC's of Parenting

<http://www.abcparenting.com>

In the "parenting" category you'll find information and links of interest to parents of teens which has good sources of drug-prevention information.

Center for Successful Fathering

<http://www.fathering.org/>

The Center for Successful Fathering was founded on the belief that children need the balance of Mom and Dad.

Common Sense!- National PTA

<http://www.pta.org/commonsense/>

Information to help parents raise alcohol- and drug-free children.

Family Education Network

<http://www.familyeducation.com>

Learning Network parent channel

Fatherhood Initiative

<http://fatherhood.hhs.gov/>

DHHS's undertaking to strengthen the role of fathers in families

FatherNet

<http://www.cyfc.umn.edu/FatherNet/>

FatherNet produces information on the importance of fathers, fathering and how fathers can be good parents and parent educators.

MADD

<http://www.madd.org/>

Mothers Against Drunk Driving is a nonprofit organization that aims to stop drunk driving and to support the victims of this violent crime.

National Asian Pacific American Families Against Substance Abuse, Inc.

<http://www.emory.edu/nfia>

Programs and information for Asian and Pacific Islander families. Access to many languages.

National Association for Children of Alcoholics (NACoA)

<http://www.health.org/nacoa/>

Their mission is to advocate for all children and families affected by alcoholism and other drug dependencies.

National Center for Fathering

<http://www.fathers.com/>

The mission of the National Center for Fathering is to inspire and equip men to be better fathers.

National Clearinghouse on Families and Youth (NCFY)

<http://www.ncfy.com/>

NCFY is the Family and Youth Services Bureau's (FYSB's) central resource on youth and family policy and practice.

National Clearinghouse on Families & Youth: Publications, The

<http://www.ncfy.com/pubs.htm>

The National Clearinghouse on Families & Youth (NCFY) produces technical assistance and educational publications on behalf of the Family and Youth Services Bureau. Each document is available for downloading in HTML and Adobe Acrobat.

National Coalition for Parent Involvement in Education

<http://www.ncpie.org>

A wealth of resources for parents who want to be involved in their children's education.

National Families in Action

<http://www.emory.edu/NFIA/>

National Families in Action's mission is to help families and communities prevent drug abuse among children by promoting policies based on science.

National Fatherhood Initiative

<http://www.fatherhood.org/>

The National Fatherhood Initiative was created in 1994 to counter the growing problem of fatherlessness by stimulating a broad-based social movement to restore responsible fatherhood as a national priority.

National Organization on Fetal Alcohol Syndrome

<http://www.nofas.org/index.html>

All of NOFAS's work is dedicated to spreading the message that drinking and pregnancy do not mix.

National Parent Information Network (NPIN)

<http://ericps.ed.uiuc.edu/npin/npinhome.html>

Information for parents and those who work with parents; fosters the exchange of parenting materials.

Parent Soup

<http://www.parentsoup.com>

Huge site made easy by offering sections categorized according to specific ages of children.

Parenting is Prevention

<http://www.emory.edu/NFIA/PIPP/>

Tips for parents.

Parents.com

<http://www.parents.com>

Interactive site draws from several magazines and parenting experts. Archives articles from the source magazines.

ParentsPlace.com

<http://www.parentsplace.com>

Good Q&A section by age group and subject

ToughLove International

<http://www.toughlove.org>

How to find or form support groups for parents of troubled youth.